## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N95000003342

FILED Oct 11, 2006 Secretary of State

Entity Na	me: THE SHAMROCK CONDOMINIUM A	SSOCIATION, INC.		
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
12615 S.W MIAMI, FL	V. 91ST STREET 33186			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
12615 S.W. 91ST STREET MIAMI, FL 33186		4001 N PINE ISLAND RD SUNRISE, FL 33351		
	: 65-0786834 FEI Number Applied For ( ) ince with s. 607.193(2)(b), F.S., the corporation did		of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of New Regist	tered Agent:	
CHUMAN, 12615 S.W MIAMI, FL	V. 91ST			
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or regi	istered agent, or both,	
SIGNATUI	RE: ROSA CHUMAN			
	Electronic Signature of Registered A	gent Da	ate	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD ( ) Delete ROSA M CHUMAN, 12615 SW 91ST ST MIAMI, FL 33186	Title: ( ) Change ( ) A Name: Address: City-St-Zip:	Addition	
Title: Name: Address: City-St-Zip:	PD ( ) Delete CHUMAN, CARLOS Z 12615 SW 91 STREET MIAMI, FL 33186	Title: ( ) Change ( ) Annothing: Address: City-St-Zip:	Addition	
Title: Name: Address: City-St-Zip:	SD ( ) Delete CHUMAN, CARLOS JOSE 12615 SW 91 STREET MIAMI, FL 33186	Title: ( ) Change ( ). Name: Address: City-St-Zip:	Addition	
Title: Name: Address: City-St-Zip:	T () Delete RUIZ, CARLOS A 12615 SW 91 STREET MIAMI, FL 33186	Title: () Change (). Name: Address: City-St-Zip:	Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA M CHUMAN P 10/11/2006